## LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION

Child(ren)'s Name(s):		
School:		
Dear	<b>:</b>	
We have completed verification o	your child(ren)'s eligibility. Starting	
<b>4</b>	(10 calendar days from the date sent)	
your child(ren)'s eligibility for m	eal benefits will be:	
cents for lunch and than \$50 per month (\$ Stopped for the following your income is or your income is or stopped for the following the following the following pour income is or your income in	duced price because your income is over the allowable amount. The reduced price charge iscents for breakfast. You must tell the school when your household income increases by m 600 per year) or when your household size decreases.  In greason(s):  Iter the allowable amount for free and reduced price meals;  Iter the proof of current eligibility. The following information is missing:	
records show that	you are not receiving food stamps / TANF at this time.	
Starting immediately your child(re	n)'s eligibility for meal benefits will be:	
receive meals at no co (\$600 per year) or wh	price to free because your income is within the free meal eligibility limits. Your child(ren) st. You must tell the school when your household income decreases by more than \$50 per ren your household size decreases.  now but have a decrease in household income, become unemployed or have an increase in that a form at that time to reapply for benefits.	month
If you do not agree with the decisi	on, you may discuss it with You also	
have the right to a fair hearing. If	<u> </u>	
receive (free or reduced price me hearing	(date) until the decision of the hearing official is made. You may request a fair als)	
by calling or writing the following Name: Address: Telephone number:	official:	
Sincerely,		

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